MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER PROTECTION PROGRAM, FINANCIAL ASSISTANCE CENTER

WASTEWATER ECONOMIC RECOVERY FUNDING APPLICATION

Submit to: P.O. Box 176, Jefferson City, MO 65102-0176
Attn: Financial Assistance Center

This application is subject to State Revolving Fund requirements.

FOR OFFICE USE ONLY
DATE RECEIVED
PROJECT NUMBER
PRIORITY POINTS

APPLICANT INFORMATION

1. NAME OF APPLICANT

☐ Incorporated Municipality ☐ Public Water/Sewer District ☐ Other:

APPLICANT TELEPHONE NUMBER WITH AREA CODE	APPLICANT FAX NUMBER WITH AREA CODE
- - Ext.	- -

APPLICANT MAILING ADDRESS

CITY	STATE	ZIP CODE + FOUR	COUNTY
		-	

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE TITLE

2. NAME OF PERSON TO CONTACT ABOUT THIS APPLICATION	TELEPHONE NUMBER WITH AREA CODE
	- - Ext.

3. CONSULTING ENGINEER

CONSULTANT MAILING ADDRESS

CITY	STATE	ZIP CODE + FOUR
		-

CONSULTANT TELEPHONE NUMBER WITH AREA CODE	CONSULTANT FAX NUMBER WITH AREA CODE
- - Ext.	- -

4. POPULATION (CURRENT CENSUS)	POPULATION OF AREA TO BE SERVED

5. STATE SENATE DISTRICT NUMBER(S)	STATE REPRESENTATIVE DISTRICT NUMBER(S)

6. PROPOSED PROJECT INFORMATION

☐ **Point Source Project**	☐ **Non-Point Source Project**	
☐ **Green Infrastructure**	Decentralized/Cluster Wastewater System	☐
	On-Site System Rehabilitation/Replacement	☐
	Other Non-Point Source Project	☐

Project Description (Attach Engineering Report):

PERMIT INFORMATION Factor A at 10 CSR 20-4.010 (1)(A)1

7. List National Pollutant Discharge Elimination System, or NPDES, permit number(s) of water or wastewater facilities affected by this project:

8. List non-permitted facilities to be eliminated by this project (attach list if necessary):

Name	Population Served	Type and Condition of Facility

PROJECT COST INFORMATION

9. Cost Estimate Dated: / /		**10. Cost Breakdown for Designated Categories**		
Engineering Planning and Design	$	I.	Secondary Treatment	$
Engineering (Construction Phase)	$	II.	Advanced Treatment	$
Engineering Inspection	$	IIIA.	Inflow/Infiltration Correction	$
Land and Easements*	$	IIIB.	Sewer Rehabilitation	$
Construction	$	IVA.	Collection Sewers	$
Equipment	$	IVB.	Interceptor Sewers	$
SRF Closing Costs (estimate 3 percent)	$	V.	Combined Sewer Overflow Correction	$
Other Costs (specify)	$	VI.	Storm Water	$
Contingencies	$	VII.	Non-Point Source	$
Total Project Costs	$		**Total Project Costs**	$
Funding From Other Sources	$			
Funding Request (this application only)	$			

* These costs are generally not eligible for Clean Water State Revolving Fund funding.

11. DEBT INSTRUMENT

A. Bonds	**B. Capital Improvements Sales Tax**
Date of Bond Election / /	Date of Election / /
Type of Bond	Dedicated? ☐ Yes ☐ No
Amount of Bond $	Sunset Provision? ☐ Yes ☐ No

C. Other (specify):

12. APPLICANT FINANCIAL INFORMATION Factor C at 10 CSR 20-4.010(1)(A)3

A. Median household income (from census)	
B Current monthly sewer use rate (for 5,000 gallons)	Proposed sewer rate (for 5,000 gallons)
C Sewer revenues for most recent year ended	Most recent year's date of data used / /
D. Sewer operating expenditures for most recent year	

13. BOARD TRAINING Factor C at 10 CSR 20-4.010(1)(A)3

List any board training(s) related to wastewater utility management that current board members have attended in the last three years:

14. WATERSHED INFORMATION Factors A at 10 CSR 20-4.010 (1)(A)1 and Factor E at 10 CSR 20-4.010 (1)(A)5

WATER BODY AFFECTED BY PROPOSED PROJECT	☐ Check if this is the receiving water body ☐ Check if the body is classified ☐ If affected water body is not classified, provide the nearest downstream water body

Is proposed project identified in a multi-jurisdictional area watershed plan? ☐ Yes ☐ No If yes, provide a copy of the plan.

Does the proposed project serve more than one community? ☐ Yes ☐ No If yes, identify communities:

Does the proposed project eliminate the need for multiple wastewater treatment facilities? ☐ Yes ☐ No

Does the proposed project address groundwater pollution? ☐ Yes ☐ No

GROUNDWATER IS USED FOR:

OTHER PROBLEMS ADDRESSED:

15. PROJECT TYPE (CHECK ALL THAT APPLY) Factor B at 10 CSR 20-4.010 (1)(A)2

☐ Combined sewer overflow/sanitary sewer overflow Number of overflows per year: _____

☐ Wastewater Treatment Facility (specify) Has antidegradation report been submitted? ☐ Yes ☐ No ☐ N/A

- ☐ New facility
- ☐ Increase capacity/increase level of treatment
- ☐ Rehabilitation/process improvement

☐ Failing or failed on-site wastewater disposal system Percentage of systems failing: _____%

- ☐ On-site system replacement/rehabilitation
- ☐ Construction of a decentralized wastewater system
- ☐ New collection system

☐ Collection system rehabilitation primarily to address inflow/infiltration

☐ New collection system

☐ Upgrade or expansion of existing collection system

☐ Storm water detention

☐ Agricultural Best Management Practice

☐ Landfill capping, leachate collection, side slope seepage prevention and control system, and monitoring wells

The project addresses groundwater pollution by: Factors E at 10 CSR 20-4.010 (1)(A)5

- ☐ Addressing problems caused by petroleum storage tanks
- ☐ Addressing problems caused by a hazardous waste site participating in the department's Voluntary Cleanup Program
- ☐ Addressing water quality problems caused by inadequate landfill leachate collection systems

The project considers aquatic/riparian habitat by: Factor F at 10 CSR 20-4.010(1)(A)6

- ☐ Including measures to restore aquatic/riparian habitat and/or to prevent aquatic/riparian degradation

16. PROJECT SCHEDULE (READINESS TO PROCEED) Factor C at 10 CSR 20-4.010(1)(A)3	
Milestone	**Anticipated Date**
A. Antidegradation report submitted (for any new, expanded or upgraded wastewater treatment plant)	/ /
B. Engineering Report and Facility Plan complete	/ /
C. All other funding is secured (if necessary, bonds are voted)	/ /
D. Engineering Plans and Specifications complete	/ /
E. Construction start date	/ /
F. Mandatory completion date (attach copy of compliance schedule)	/ /

17. THE FOLLOWING INFORMATION IS REQUIRED BY 10 CSR 20-4.040(8) AND MUST BE INCLUDED WITH THIS APPLICATION FORM:

- ☐ A project summary that includes the need for the project :
  - ☐ The project components including maps or drawings showing the project location
  - ☐ A cost estimate including a cost breakdown
- ☐ The most recent financial statement
- ☐ Proposed project schedule including:
  - ☐ Construction start date defined as the date of notice to proceed
  - ☐ Construction completion
  - ☐ Initiation of operation
  - ☐ Project completion

18. SUPPLEMENTAL INFORMATION – DOCUMENTATION MUST BE ATTACHED Factor C at 10 CSR 20-4.010(1)(A)3

- ☐ User charge system budgets showing revenues and expenses for the past five years.
- ☐ Documentation showing that an inflow/infiltration reduction program has been in place for the fast five years.
- ☐ Water or Energy Conservation Plan
- ☐ Proposed project is specifically identified in the applicant's master wastewater or capital improvement plan. (Master wastewater or capital improvement plan should be for a period of five or more years).
- ☐ Documentation indicating the percentage of failed on-site wastewater disposal systems to be replaced or rehabilitated.

CERTIFICATION:

The undersigned representative certifies the information submitted in this application is true and correct to the best of his or her knowledge and he or she is authorized to sign and submit this application. The applicant agrees, if a loan is awarded on the basis of this application, to comply with all applicable terms, conditions and procedures of the Department of Natural Resources, the applicable rules and regulations of the Missouri Clean Water Commission and the terms and conditions of the funding agreement. **Incomplete applications will be returned.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE	DATE / /
NAME AND OFFICIAL TITLE (TYPE OR PRINT)	TELEPHONE NUMBER WITH AREA CODE - - Ext.

PREPARER'S NAME AND SIGNATURE (IF APPLICABLE)

SIGNATURE OF PREPARER	DATE / /
NAME AND TITLE (PRINT OR TYPE)	TELEPHONE NUMBER WITH AREA CODE - - Ext.

MO 780-2033 (01/09)